

OFFICE OF THE BUILDING & ZONING OFFICIAL VOLUNTOWN, CT



115 Main Street
P.O. Box 96
Voluntown, CT 06384
Telephone: 860-376-3867
Fax: 860-376-3295

ELECTRICAL PERMIT APPLICATION

() Residential () Commercial () Industrial () Other _____

Date of Submission: _____

CRS Number: _____

Permit Fee: \$ _____

Approved: _____

CT Education Fee: \$ _____

Estimated Project Cost: \$ _____

Total Fees Due: \$ _____

Date Paid: _____ Check Number: _____

Description of work to be performed: _____

Check all that apply:

Original/New Service () Alteration/Upgrade () Addition () Repair ()

For New Service:

Underground () Overhead ()

Size of new Main Service Disconnect (AMPS) _____ Conductor Size _____

Applicant MUST call to schedule inspections – Underground service trenching included.

Location, address where work will be performed: _____

Owner's Name as it appears on land records: _____

Address: _____

Phone Number: _____ Email Address: _____

Contractor: _____ License: _____

Address: _____

Phone Number: _____ Email Address: _____

CERTIFICATION: I hereby certify that I am the owner of record to the property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as authorized agent and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to best of my knowledge and belief.

Applicant Signature

Owner Signature (if different from Applicant)

Building Official

Date Approved

OFFICE OF THE BUILDING & ZONING OFFICIAL VOLUNTOWN, CT

Peter Zvingilas
Building & Zoning Official



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THIS FORM MUST BE SIGNED OFF BY THE TAX COLLECTOR'S OFFICE PRIOR TO APPLYING FOR ALL BUILDING PERMITS.

Pursuant to Ordinance "Town of Voluntown Ordinance on Delinquent Taxes & Denial of Permits, Contracts & Vendor Payments". Section II B Pg 77-At the time any such application for a certificate or permit is filed, the applicant shall submit to the appropriate Town Official with the authority to issue such certificate of permit, sufficient written evidence from the Tax Collector that there are no delinquent amounts due to the Town from the owner of the real estate property which is the subject of the application.

Date: _____

Applicants Name: _____

Property Owner's Name: _____

Street Address: _____

BELOW THIS LINE IS FOR OFFICE USE ONLY:

TAX STATUS:

() PAID UP TO DATE

() DELINQUENT () PAYMENT PROGRAM APPROVED

Tax Status Verified: _____

Tax Collector